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on  
Puerperal Fever  
by  
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## Preface

As a candidate for the honour of a Degree in Medicine; and in conformity to the rules of this University, I take up my humble pen to give a short Essay on a medical subject. Humble indeed, must be the pretensions of the Student on such an occasion, for his studies having, hitherto, been directed to the Ground work of his profession, he has not had an opportunity of exerting that observation or being possessed of that experience, which might enable him to offer something original and useful to the science of medicine; and from this consideration I must candidly acknowledge, that it is necessity compels me to come at this time, in this manner, before you; yet as I suppose the chief reason in its requirement, is to test whether the reading of the Student, has been judicious, and the opinions which he has adopted

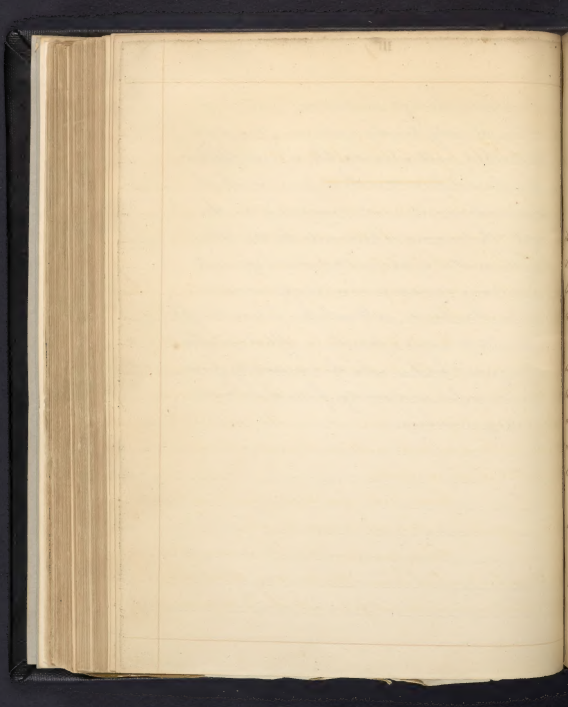
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correct or not. I therefore, with less reluctance, offer this Dissertation to the reviewal of those, who will, I feel confident, make every allowance for the many imperfections they will find.

The subject to which I have directed my attention, is that of Puerperal Fever, a disease which I consider calls particularly for the diligent attention and research of the Student, as well as for all the sagacity of the Practitioner. On all occasions, in every disease, he who professes the name of Physician, should have a deep felt sense of his responsibility, and in every case exert the utmost of his resources to afford relief to the sufferings of his species, and endeavour to avert the fatal shaft aimed at the life of those who confidently commit themselves to his care. But the disease on which I am about to treat, not only, from a sense of duty, calls forth all the skill, but from the circumstances attending it, excites every sympathizing feeling of our nature. We behold the young, the interesting Female, already-



has she passed through the critical period of gestation; already has she undergone the agony of parturition; and, already, like a fond Mother, has she almost forgotten the suffering which she has underwent, and is rejoicing at the thought, "that a man is born into the World"; but in the midst of her anticipated happiness, this insidious disease makes its appearance, which, too often blasts in Death her future thought of Soys, and plunges a family in affliction of the most poignant kind;—robs the community of one of its most useful, and society of one of its most interesting members.





## Puerperal Fever

This Disease obtains its name from its occurring during the Puerperal state, not that it is peculiar to Child-bed, but, because it more frequently makes its appearance at that period than at any other.

It was described by Hippocrates, and since his time until the present period, has been treated of by various succeeding writers, the greatest discrepancy of opinion, however, has always existed among authors, as to the nature, the seat, and the treatment of the malady.

Some look upon it as a highly inflammatory affection, and treat it accordingly.

Others consider it to be a disease of a peculiar kind, which is an attendant on Child-bed, of a typhoid or malignant form, and who, entertaining

Revised Plan

The first object of the plan is to  
establish a system of education  
for the children of the poor  
in the city of London. The  
plan is to be carried out  
in the following manner:  
1. To establish a school  
for each parish in the city.  
2. To provide for the  
education of all children  
of the poor who are  
under the age of 15.  
3. To provide for the  
education of all children  
of the poor who are  
unable to attend school  
by day.

this opinion, adopt a corresponding practice, resort-  
 ing to stimulants, &c. But even those, who view it  
 as a low, putrid kind of fever, are fully aware of the  
 appearances of inflammation, which invariably dis-  
 close themselves on post mortem examinations; yet from  
 their false notions, confirmed by strong prejudices of a  
 certain debilitating poison lurking in the system, of  
 a state of constitution, having the strongest tendency  
 to putrescence, they are deterred from resorting to those  
 measures, which a sounder theory would inculcate,  
 and which dissections, confirmed by experience, prove  
 to be the only plan of treatment that can be crowned  
 with success.

Amongst the many of our more  
 modern writers, who consider the disease in the  
 light last mentioned, and who treat it conformably  
 to their peculiar views, are to be found those, who  
 have stood, and who do stand among the most emi-  
 nent in their profession, as for instance Hunter,  
 Burns, Clarke, Hamilton, and many others, whose names -



it is needless here to mention. Although all due deference should be paid to the opinions of writers so highly and justly celebrated by the medical profession, yet we should not allow ourselves to be led blindly on by authorities, for it too often happens, that great men from being enthusiastic in favour of their own peculiar and favourite theories, are often led into error.

It is particularly necessary that the student should examine with attention, and without prejudice, both sides of this subject, and which being done, I have no hesitation in saying, that the theories and practice of those who consider the disease in the light of a peculiar fever, calling for a stimulating mode of practice, must fall to the ground.

I have consulted with some attention a few of the latest publications on this affection, and I am of opinion that the young physician has but little difficulty, in determining, in his own mind, the path to pursue in practice. Should he, -



however allow himself to be bound down by weight of authority, or to concur in that opinion which generally predominates, he would, no doubt, be led to adopt a method of treatment, which has always been attended with the most undeniable mortality.

It was the case with those who treated it as a typhoid form of disease. If, however, Denman, Gordon, Hay, Armstrong, Mackintosh and Campbell, treated of true puerperal fever, and of which there cannot be a doubt, for the evidence they give is irrefragable, then I say, although in public estimation they may not stand so high, as many who support an opposite doctrine, theirs is the plan of treatment to be followed in practice, for it is the only one that has ever been attended with success.

The American Student will feel,

however, less hesitation in making up his mind on this subject, as the weight of authority in this country is in perfect accordance with that of the last mentioned Writers.





The Professor of Midwifery, Dr. James mentions that the low form of this disease rarely occurs on this side of the Atlantic, even in the cities, and that the kind that does occur is treated successfully by depletion.

Professor Chapman in alluding to this disease in his Therapeutics, says—“In every species of Puerperal Fever, venesection is of indispensable utility, though only in the early stages of the attack to be aided by prompt and copious purging, an emetic when clearly indicated.

Numerous have been the opinions offered, as to the cause and seat of the complaint. Some considered it to have its origin in a translocation of milk; others in a suppression of the lochia; some again described it as a miliary fever. One class thought it was caused solely by inflammation of the Omentum, another of the peritoneum; and a third, confined it entirely to the Uterus. It has likewise been attributed to arise from injury received in labour; from—



rising too early after delivery; from a vitiated  
state of the Primæ Viæ; from foul air; from con-  
tusion, &c.

With such diversity of opinion in re-  
lation to the causes of this complaint, we must suppose  
that the method of treating it, was very different,  
being suited to the peculiar views of each practitioner;  
and we may reasonably infer that it was often  
very pernicious.

There is certainly no little difficulty  
in forming a just pathology of a disease, which  
is of a complicated nature. We should, however,  
always endeavour to draw the most accurate dis-  
tinctions, and the more difficulties we meet  
with in obtaining them, the more should we exert  
ourselves to their acquirement, as the difference  
between the Philosophic Physician, and the one of  
Routine, lies in this point. But in the disease  
on which I now treat, we need not on this account  
be so very anxious, for it has but one essential -



nature, it is Inflammatory, and as such, a similarity of treatment may with propriety be adopted in inflammation of any of the abdominal viscera, especially in the puerperal state.

In the contagious nature of Puerperal Fever, which is supported by many able writers, I do not believe. That it often proves to be of epidemic origin I feel fully disposed to credit, for there are many causes that may produce the fever in question, and it is very probable that there is none more common than a noxious state of the atmosphere. That a diversity of causes, will under such circumstances, produce similar affections, has been, I consider, clearly demonstrated in Armstrong's work on Typhus. If the circulation has been disturbed in any part of the system, as it is in the puerperal state, it is those organs, in which the derangement exists, that will suffer most mischief, when a general excitement takes place. But it should be fully impressed on the mind of the practitioner that the-



disease occurs, when the epidemic influence does not prevail.

The attack comes in a very unexpected manner, generally on the first or second, and rarely after the fourth day from delivery. Some affirm that it has been formed previously to this period. The sooner the disease makes its appearance, the more violent is it generally considered.

It is most commonly ushered in by rigours, or cold shiverings, which are of longer duration, and more severe in some cases, than others. This cold stage which is generally very short, is often accompanied with oppression about the precordia, with vomiting or nausea, and with great solicitude of mind.

This state is followed by an increased vascular action, the skin becomes hot, and dry, the thirst is often excessive, and the pain is very considerable. This is usually called the stage of excitement.

The Pulse generally beats at about -





120 in the minute, and is most usually full, tense, and vibrating, as in most inflammatory disorders; but it is sometimes contracted, and to our sensation feeble.

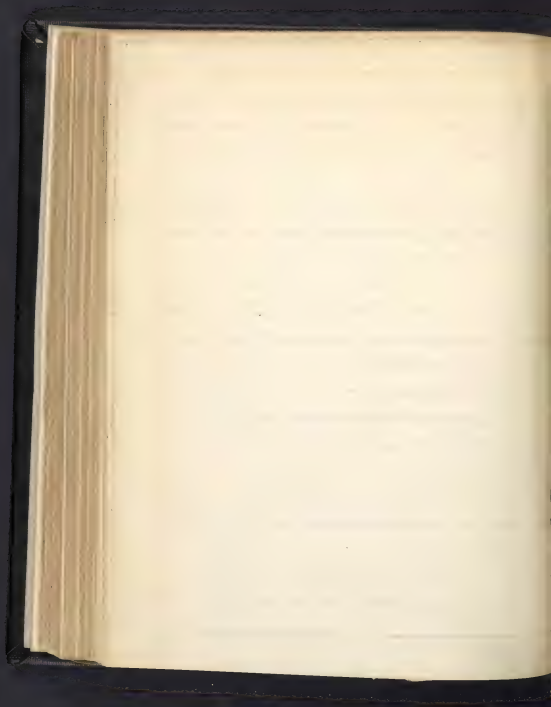
The Tongue is mostly of a whitish colour, very slightly furrowed, and generally moist at least about the edges.

The Countenance at this time expresses the greatest anxiety; the cheeks are flushed, and usually a darkish streak underneath each eye, but the lips, for the most part are of a pallid hue.

The Respiration becomes in a very short time, hurried and difficult; the patient becomes very restless, tossing her arms and head about, and she often sighs heavily.

The Stool discharged by vomiting when it occurs, consists of mucus, mixed with mucus and bile.

The Pain is situated in the hypochondriac region, which is generally tumid, and exquisitely



pain when, exposed, this fulness is often evident, from the first attack and if the disease be not arrested, spreads itself in a short time over the whole of the abdomen.

The secretion of milk, if it has commenced previous to the attack, it is suspended, and soon disappears; if the attack precedes the flow, the secretion never commences.

The Lactia are generally reduced to a small quantity or suspended altogether.

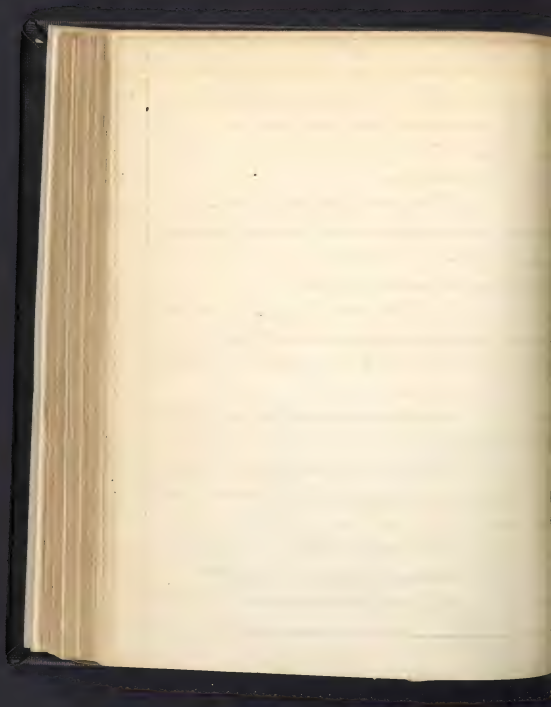
The Bowels are constipated, and often distended with flatus.

The Urine is small in quantity, and of a reddish tinge.

The Head is often affected with pain, but the patient oftener complains of dizziness and confusion.

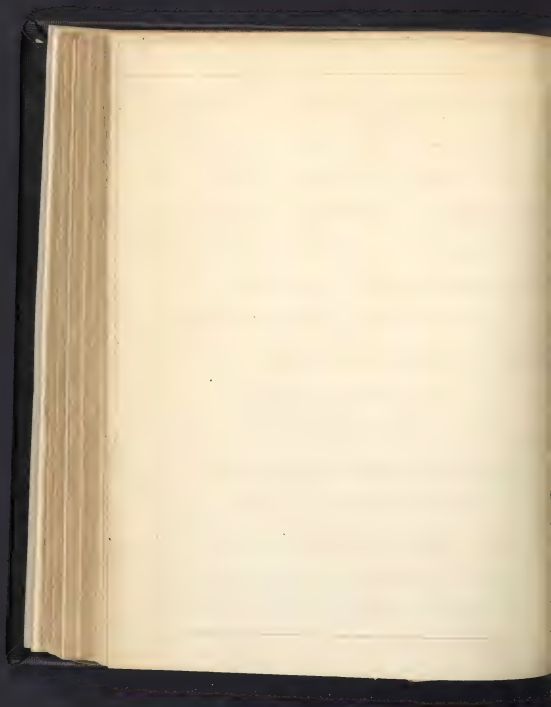
The Eyes appear to be more brilliant, than usual, with some dilatation of the pupil.

These symptoms, now detailed indicate.



the Stage of Excitement in this disease the duration of which is an all important period, for it is only during its existence, that the practitioner can with any degree of certainty, hope to save the life of his sufferer. This stage is generally terminated in forty eight hours from its commencement, and often at a much earlier period. If the progress of the disease is not checked at this crisis, great prostration of the powers of the system quickly supervene, much sooner than in the generality of inflammatory diseases.

The advance of the third or putrid stage, or stage of Collapse, is first indicated by the Pulse, which becomes very quick, frequently, and compressible, in a short time becoming too rapid to be counted, and towards the conclusion of the scene, throbbing and fluttering, and finally almost imperceptible. The Tongue is now generally brown and dry, though sometimes moist, especially when vomiting takes place, which often does during this.



stare, the matter thrown up having the appearance of coffee grounds. The Teeth are incrusted with scordes. The Cheeks are alternately flushed and pale. The Eyes have lost their lustre. The countenance expresses the greatest distress with some degree of wiliness. A clammy perspiration covers the body, but more particularly the face and neck.

The pain of the abdomen at this time begins to cease, a recession of it, having taken place to the Chest, Sides, and back, which is sometimes accompanied with difficulty of breathing. The Thirst is usually excessive. The Breath is very offensive.

As this Stage advances the patient begins to speak incoherently, being now restless, with sudden startings up as if alarmed. This state generally subsides in a low, muttering delirium, followed by stupor in which she lies with eyes partly closed, by speaking loudly she may-





be aroused, starting, as if from a sound sleep, but sinking in the course of a few minutes into the same state again. The Patient, is now affected with vomiting, with involuntary alvine discharges, with hicough, and other symptoms, which are generally the precursors of dissolution.

It sometimes occurs a few hours before death, that the Patient, becomes collected and composed in mind, complaining of no pain, looking, and speaking cheerfully, and expressing hopes of soon being quite well. This state continues until within about an hour or so of her death, when she goes off unexpectedly sudden. Thus, this dangerous complaint, will in the course of a few days, terminate its career if not arrested.

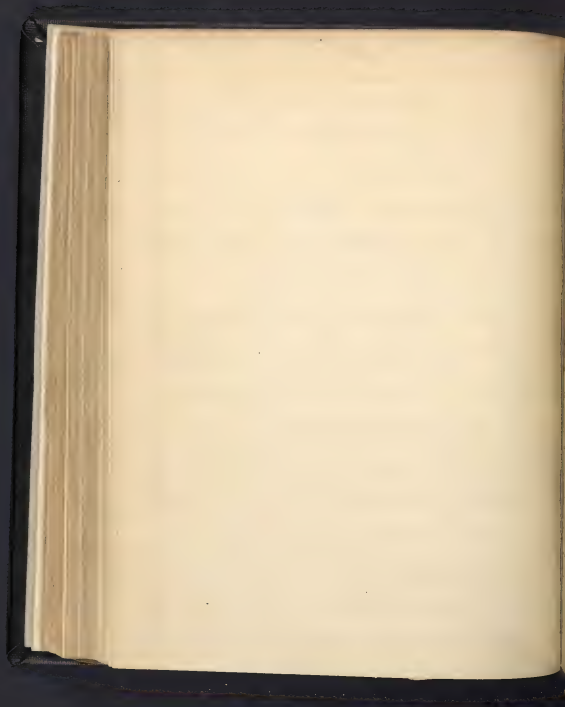
*Dissection* discloses to us most extensive marks of inflammation, which are not invariably found to exist in any particular organ, but are observed in all the abdominal viscera, in a greater, or lesser degree. Generally, however,



the peritoneum and its productions, the Omentum, mesentery, and mesocolon are always in a state of more or less inflammation. The Intestines are found inflamed in most cases, their vessels being much enlarged, and, from an effusion of coagulable lymph, are generally found glued together in a mass. A large quantity of serous fluid mixed with purulent, or flocculent matter, is found in the cavity of the abdomen, to the amount of from one pint to two quarts. The Alveoli, but more particularly its peritoneal covering, is found in an inflamed state, as well as the convex side of the Liver, and which, are often covered with patches of coagulable lymph. The Fallopiian tubes, and ovaria are often found in a similar state. An effusion is found, in some cases, to have taken place into the cavity of the thorax, and sometimes, although more rarely, into the ventricles of the brain.



*Diagnosis.* Many eminent writers, have looked upon Puerperal Fever, as being specifically distinct from Puerperal Peritonitis. It is, therefore, proper to determine whether the symptoms during life, and the dissections made after death, support such a conclusion, or not. I feel pretty well satisfied that the only difference existing is in the degree of inflammation, which is more dangerously extensive in Puerperal Fever than in Peritonitis. For evidence of this, reference may be had to the late valuable publications of Mackintosh and Campbell, who give the details of many dissections. I am, therefore, led to concur in sentiment with Doct. Armstrong, that:—"The admirers of nosological minutiae may contend that there are circumstances in the rise, progress, and sequel of the Epidemic (P. Fever) which sufficiently mark it from simple Peritonitis; but I can assert with some degree of confidence, that if these-



circumstances be allowed to influence the practice very materially, they will be found exceedingly fallacious at the bed-side, however plausible they may appear in books". This being the view I take of the two diseases, I shall go on to give those marks of distinction between P. Fever, Ephemera, Colic, Milk Fever, After-pains, and Inflammation of the uterus.

Ephemera is ushered in by rigors, followed by general excitement; it is, however, slight, and as the name imports is of short duration. But we should be very cautious in our diagnosis, for as a writer observes on this subject: "Great and fatal congestions are known to take place from slight causes, and it is hard to say, when a puerperal woman shivers, whether this or puerperal fever is to follow". The absence of abdominal pain and irritation is sufficient, however, to distinguish it from Puerperal Fever.

Colic may be distinguished from,





P. Fever, by pressure afforded relief in the former, and by being relieved in a discharge of Tears or Hæmorrhoids: whereas in the latter the pain is uniformly aggravated by pressure, the patient either complaining, or expressing by her countenance the suffering she endures.

After-pains may be known by their coming on periodically; and by increasing during the intermission of the attack; giving no rest, they are likewise of that grinding nature which occur in labour.

Milk Fever (commonly called) is marked by the breasts becoming enlarged, hard, and throbbing, attended with pain; while in P. Fever, they are quite flaccid and free from pain.

Hysteritis is generally distinguished from Peritonitis and P. Fever, by almost every medical writer. Yet, I think, it is very evident that its nature differs in no respect, from ~~that~~ that of the above mentioned diseases; that the treatment.



if it, does not, is certain. P. Fever often has its origin in inflammation of the Uterus, the peritonæum partaking less or more of the inflammation; but as Dr Denman says: "Inflammation of the Uterus is much less dangerous than that of any of the viscera of the abdomen, especially in Child-bed, because the Uterus readily admits of a return of the lochial discharge, which always affords relief". And the Uterus always allows a ready outlet to any effusion that may take place: whereas in the abdomen it would be an exciting cause of disease, from having no channel through which it could be directly eliminated.

*Prognosis.* This disease has from the earliest times been ranked among the most dangerous, to which the human system is liable; and it is so, when not arrested in its onset by our most active measures, which to insure success must be prompt, decisive, and powerful; for in severe cases the first twenty-four hours is the longest period.



the practitioner has, in which he can hope to derive benefit from his curative means.

In some cases of this disease, prevalent in defiance of the most prompt and skilful practice, the practitioner should be very cautious in giving his prognosis, particularly if it prevails epidemically.

As remarked before, the earlier the complaint makes its appearance after delivery, the more violent will be the attack.

Those who have greatly diminished sensibility, and who from the first complain but little, usually fall victims. But it is not less unfavourable, when the sensitive powers are morbidly acute: "scintillatingly alive to every surrounding impression".

When the mental faculties become impaired with incoherent speaking, it is a very suspicious sign.

Visual deceptions, imaginary noises,



sighing, anxious countenance, constant moving of the arms, pain and oppression of thorax, muttering and stupor are very unfavourable symptoms.

Ritours are alarming when they come on after the disease has existed twenty four hours. The patient may become cold and shivering, after copious perspiration, but these symptoms need not alarm, if the bleeding was done with discretion and judgement.

Cases preceded by constipation, are generally violent, and we may consider it as a very unpleasant symptom; whereas on the contrary if the bowels are in a soluble state before and after labour the attack is generally mitigated.

Diarrhoea coming on in the first stage is very favourable.

Where there is a vomiting of a coffee coloured fluid, an increase of abdominal enlargement, frequent shills, and a general cold clammy surface, with a quick and feeble respiration, and





a small, steady, and frequent Pulse we can scarcely entertain a ray of hope.

If however the stomach is composed, retaining the medicine, the surface covered with a warm perspiration; the respiration full, slow, and deep; the pulse less frequent, and more regular, the tension and pain of the belly abating; the tongue becoming clean and moist, the secretion of milk as well as the lochia taking place; we have good grounds for a favourable prognosis.

Lying on the back is a position which is often assumed in this disorder, and it is one which has long been considered to indicate danger. It is usually favourable when the patient can turn on her side.

Remissions of a very deceptive kind, sometimes take place, these may occur at any period twenty four hours after the attack. The practitioner is therefore to be on his guard not to be led to the conclusion, that the patient is out of



danger, or that the energy of his practice should be abated, as the disease often returns with increased violence, or else advances in a secret, treacherous manner to its final conclusion.

In forming an opinion as to the favourable or unfavourable termination of this disease, or in fact of any other, the physician should not, depend on any one symptom, but take an accurate view of them all, so that he may be able to draw a just conclusion, as to the side, to which the weight of symptoms preponderates. He should likewise be very cautious in expressing his prognosis, for a false one will, with respect to his professional abilities, lower him in the estimation of those with whom he is concerned, in an equal degree, as a true one would have a tendency to elevate him.



## Treatment.

In *no* disease, perhaps, has the treatment been more diversified than in *Puerperal Fever*. That it should be so, at this present enlightened period of medical knowledge I apprehend arises from the medical practitioner and author, instead of being actuated and possessed by that noble, generous, and liberal principle, which should pervade the breast of every Physician and more particularly of every writer on medicine, that principle, which would cause him to seek for Truth, and compel him to sacrifice at her shrine, every private and selfish feeling, to the good and safety of his fellow beings, and to the promotion of that science, of which he has the honour of being a member. Instead of being influenced by this principle, he too frequently, is led to the violation of her sacred sanctuary, for the sole and illiberal motive of support.

Amatori 6

ing) a theory or a practice, which friends of opinion will not allow him to relinquish, because once adopted. In this manner, and this only, can I account for the condemnation, by so many, of a plan of treatment in P. Fever so incomparably more successful than their own.

I am aware that it is urged by some, that the Sanguet, will under certain circumstances, be equally as unsuccessful as the Stimulant plan; but this is merely an assertion not to be supported by any record of medicine and facts, not to be refuted, are in direct opposition to it. I am willing to allow, that under certain circumstances, the Sanguet, will fail, for, where is the remedy, that will not, in some instances, be unavailing.

If the stimulant plan is equally as successful as that of depletion, how is it, that it has never proved, at any time, so, even in the hands of its most strenuous advocates. Dr Hunter





So it is. "out of thirty two patients" treated by him in two months "only one recovered". And in his Lectures, was accustomed to exhort,—"Treat them in in whatever manner you will, three out of four will die".

Dr. Hamilton remarks that in Hospitals, it is nearly always fatal, and in private practice not more than one in ten recovers. Now for the success of the San-ct. Let the Writers, whose names I have mentioned at the commencement of this Essay, and whose opinions I have adopted, and endeavour to vindicate, be consulted; then we will be able to determine whether or not, the depletory and stimulant modes of practice have been a like unsuccessful.

In the United States this fatal affection is happily not one of frequent occurrence, but it does sometimes take place, and from all I can ascertain on the subject, runs its course with as much violence, as in any other country.

In the first stage there is an evident reg'ion of blood from the surface, of which we have.



evidence, by the pallidness of the skin by the rigours and by the oppression that exists, this period is however, so very short in its duration, that we seldom see the patient in it, and, in some, it is so slight, as to be scarcely discernable. If however, we have an opportunity, we should use every endeavour to restore the natural temperature as speedily as possible, as we thereby will lessen the violence of the succeeding stage. To bring about, this reaction of the system, we give tepid drinks of a mild bland nature, we apply bottles of hot water to feet, and limbs, we apply flannels wrung pretty dry out of hot water, to the stomach, or we may employ a temporary vapour bath, which is accomplished, by pouring vinegar on hot bricks, folding them up in flannel and laying them along side the patient, in bed. This treatment generally fulfils our wishes in hastening on the stage of excitement, which being established, not a moment is to be -



test. but we are to commence our curative measures, with an ardour and decision, commensurate with the violence and destructive speed of the complaint. The indications being now very plain, the first of our resources is—

*venesection.* This we can to a considerable extent not taking heed in the first instance, if patient bears it, than twenty four ounces, and it will be, according to late writers in this disease, a judicious practice, to take a much larger quantity, if the system of the patient, admits of it. we may, however, make it a rule, to detract as long as the pulse authorizes it, or until a state of syncope is produced. But we are not, to stop here, for it very rarely happens, that one bleeding, however copious, will be sufficient to the cure. In the course of one, two, or three hours we shall find, that the Pulse has reassumed that state, which existed previous to the use of the Sanguis and that the pain in the abdomen has again returned, as



well as all the other symptoms. We now, open a second time, an artery in the vein, and abstract until a decided impression is made on the system, or the disease. This, very often, with the auxilliary means at some time resorted to, will be adequate, but it is sometimes necessary to bleed three, four, or five times. In these cases as remarked by Dr. Armstrong, it is the effect, produced not the quantity, taken that should direct us in its use.

The principal design in this, as well as in every other inflammatory affection, is to subdue the general excitation of the system, and to arrest local inflammation. We can judge of this being effected by the diminution of animal temperature and the co'station of skin, and until this takes place the use of the Scurvy is clearly indicated.

We may sometimes be called to a patient, after the disease has existed for some time, say twenty four hours, without any medi-





cal assistance having been rendered. At this  
 period the patient will generally appear in an  
 agitated and sinking state the pulse being very  
 weak and compressible. It is at this crisis that  
 the Physician will feel particularly embarrassed,  
 as he has no sign by which he can be enabled to  
 determine positively whether the debility is real  
 or only apparent. I think upon all such occa-  
 sions we should ever (if at all) upon the side of safety  
 and therefore I would in such cases resort to the  
 lancet, and as it is commonly said "find my way".  
 If the debile and oppressed state is only apparent,  
 the Pulse will gradually, as we detract, become  
 stronger and fuller on observing which, we may  
 proceed more boldly, by this procedure we may be  
 the means of saving a Life. If however the debil-  
 ity be real, that is the stage of Collapse existing, the  
 bleeding will sink still lower the powers of life, here  
 then we desist, and the only effect (I cannot say  
 ill) that results, is that the sufferings of the -



patients are bridged, by hastening on a few hours sooner an inevitable fate.

*Purging.* Sects to venesection this is perhaps, one of our best modes of treatment. It was the good effects derived from purgation that led Mr Hay to the employment of venesection. That the active hydragogue purgatives were often found most useful, I fully credit, but as disease depletion by the Lancet, has now for the most part, superseded them, I do not think that their use is so clearly indicated. The Lancet being at present depended on, for reducing the quantity of the circulating fluid, there is no necessity for resorting to those highly irritating cathartics, which, by causing copious discharges of watery fluids operate in a manner similar to the Lancet. It may be argued that they act by revulsion. In some cases they may display decided good effects in this manner, as for instance, when the seat of the disease is in the peritoneum; but

By the way

as we are not capable of discerning the location of the complaint accurately, during life, I would feel a diffidence in administering them, for if the intestines are involved in the disease, and which they often are, their use must be very hazardous.

It must not be imagined from what I have said that I view with indifference the practice of thoroughly evacuating the bowels. This is not the case, for I consider it indispensable; but I am of opinion, that we might obtain this effect more advantageously, by resorting to mild purgatives, or laxatives.

From the above view of the subject, I would, after the first bleeding, give a full dose of the Ob. Rini. say  $\mathfrak{z}\text{ij}$  to  $\mathfrak{z}\text{iss}$ , to render it more palatable and to prevent nausea, I would administer it in a little mint water, or else, give it by pouring it in a little warm milk or warming it in the milk. If in the course of an hour and a-



half it should not operate. I would repeat the dose.

If there is an aversion on the part of the patient to Castor Oil, I would then use some of the neutral salts, giving a preference to the Sulph. Magnesia, of this I would give about ʒij in solution, every half hour, until it operated more freely.

When the bowels are obstinate in yielding, Enemata of the cathartic sort, should be resorted to, they will evacuate the larger intestines, and always expedite the operation of the purgative.

When the bowels are opened the common domestic enema, should be used, once every two or three hours, as warm as the patient can comfortably bear it, during the continuance of abdominal pain.

During the operation of the purgative medicines, diluent drinks should be drunk in large quantities, such as the Barley water,





*Flax-seed Tea, Gruel, Whey, &c.*

It is necessary, that the bowels should be kept in a soluble state, not only during the continuance of the disease, but likewise in convalescence. To obtain this effect, the *Ob. Ricini* answers a good purpose. If objected to, any all doses of the *Sul. Suck.*, ill, frequently repeated, would answer equally well, or an infusion of *Senna*, *Manna*, and some aromatic seeds, this last, is very often, the most agreeable to the patient.

Emetics have been highly recommended in this affection. Dr. Denman spoke much in their praise. He remarks "That Emetics may not only be given, but frequently repeated in this disease, with very great advantage". That they may sometimes be very beneficial, I am inclined to believe. But, as Dr. Chapman observes their use should be "clearly indicated" before we administer them. In the first stage of the disease, if reaction is tardy in its progress, a gentle Emetic will be of great advantage in order.



ing, the last balance of the circulation and in hastening, on the second stage. In no other case in the commencement of the complaint, would I venture to employ them. I would be deterred not only on account of their interfering with the operation of the cathartic medicine, but likewise from the shattered and irritable frame of the paralytic female. They are recommended in the last stages, to remove the vitiated matters from the stomach. They may be employed, but I think when such a vitiated secretion takes place, we are not to expect much from them, or any other remedy.

*Diaphoretics.* It appears very evident that this plan of treatment offers much to the practitioner, as by determining to the surface, the internal organs and tissues will be relieved. I should feel, therefore, inclined to avail myself of the advantages it holds forth, and with this intention I would, after the bowels were freely opened with the Oil (if it is given) administer the nitrous powders. If the most



not to be employed. I would combine with their solution a suitable portion of the Tart. Antimon.

After the force of the disease has been subdued, I should be disposed to think very favourably of the administration of small doses of Colomet. Opium, and Spoo. c. repeated frequently. This prescription would not only act by determining to the skin, but likewise in allaying irritation, and in rectifying and evacuating any vitiated secretion of the bowels.

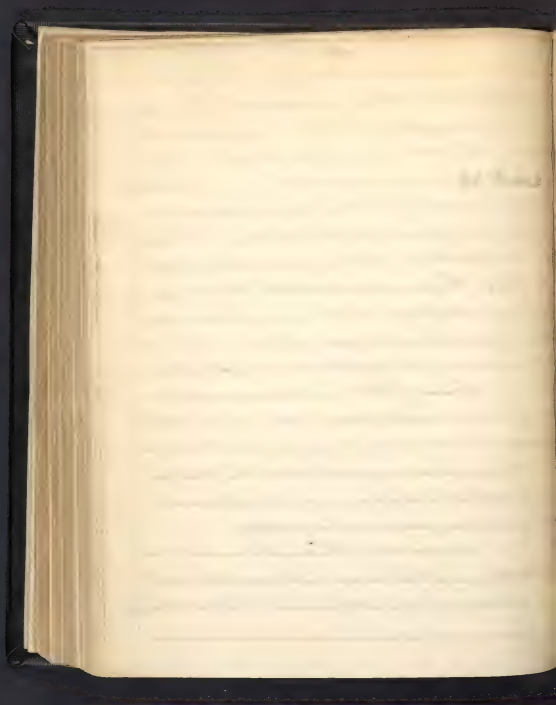
Opium. The use of this medicine has been suggested and recommended by modern writers, and I think its use has hitherto been too much neglected in inflammatory affections, and more particularly in this. It is now very well known, that inflammation depends on nervous irritation, and it is therefore certain that if we allay this irritation, we prevent inflammation. But when inflammation has taken place, our first object is to reduce vascular action, which is to be done by the most direct depletory means, as by Venesection,



by purging the bowels, these measures will subdue the  
 immediately symptons, but they will not remove the  
 cause. This still continues to act, though not in the  
 so pernicious manner as at first, yet in an insidious  
 and no less fatal way. Here it is that Opium will  
 display its long renowned Great virtues. It should  
 be administered in a full dose, so as to obtain its so-  
 ber effects. The preparation called the Black drop is  
 to be preferred, if not at hand, we may obtain in an  
 equal degree the good effects of the Opium by the ad-  
 dition of some of the vegetable acids to its Tincture.

Cases of P. Fever occur in women of  
 weak and emaciated frames, and of a very irritable  
 system, here, venesection cannot (if at all admis-  
 sible) be carried to any great extent, but Opium,  
 I am inclined to the opinion, would under such  
 circumstances, prove our best remedy.

*Turpentine.* This remedy was introduced  
 by Dr. Boerhaave of Dublin, who highly extolled it, and  
 it has been much praised by several other practitioners,





but whether it is supposed of any decided good effects, is I think very equivocal. Dr Joseph Clarke of Dublin, says - "In more than twenty trials made with it, not one patient recovered". I would feel a great deal of hesitation in administering this remedy in the first stages of the complaint, as is generally directed. In the last stage, or that of Collapse, I think its administration would be very judicious.

*Local applications.* These are Leeches, Blisters, and Fomentations.

Leeches are employed after general bleeding has been premised, and I look upon them as one of our best remedial means. They are generally applied to the abdomen, to the number of from 50 to 80. In weak, emaciated, and irritable women, where general bleeding, as before remarked, cannot be resorted to, we are to employ Leeches. A late writer very judiciously recommends the application of a few Leeches to the temples, where violent head-ache occurs.



Blisters have been much resorted to, and their use greatly approved of, by many authorities, but I am of opinion, that they are not so beneficial, as by many supposed, and in fact, I believe, that they sometimes have an injurious effect. One circumstance, however, which would certainly operate with me against their use is, that in the manner in which they are generally used, (to the abdomen) they would prevent us from resorting to Warm fomentations, which I consider, are much more useful applications. It has been proposed to apply them to the lumbar region and sacrum, this application in this way, does away with my last objection, and thus may be of service; but it appears to me, that as the patient, for the most part, lies on her back, that they would be a source of much irritation and inconvenience.

*Warm Fomentations.* In their utility, practitioners are, I believe, unanimously agreed. They are applied by means of cloths. We should



commence their use immediately after the first bleeding, and continue them as long as pain in the abdomen remains. They are very soothing to the patient, alleviating the pain; they likewise act by exciting to the surface, and producing perspiration, which by relieving the internal congestion, does good.

In the Last Stage, or that of Collapse, very little can be done by the practitioner, for my opinion is, that recovery very rarely, if ever, takes place when this stage has fully formed, that is, when effusion and extravasation, or suppuration has occurred. The indications, however, are, to support the system by stimuli. With this intention, Camphor and Opium in combination, Carb. Ammon. Ven. are administered. As I have previously mentioned I would try the effects of the Ol. Peribanthina at this period.

The first of these is the fact that the  
 human mind is not a blank slate at birth.  
 It is filled with a vast amount of  
 information that it has acquired from  
 its environment. This information is  
 stored in the memory and is available  
 for use when needed. The second fact  
 is that the human mind is capable of  
 learning. It can acquire new  
 information and skills throughout its  
 life. This is done by the process of  
 assimilation, which involves taking in  
 new information and fitting it into the  
 existing framework of knowledge.  
 The third fact is that the human mind  
 is capable of reasoning. It can take  
 information and use it to draw  
 conclusions. This is done by the process  
 of deduction, which involves applying  
 general principles to specific cases.  
 The fourth fact is that the human mind  
 is capable of imagination. It can create  
 new ideas and concepts that are not  
 based on reality. This is done by the  
 process of induction, which involves  
 drawing general principles from specific  
 cases.

1200 to 1200

Doct James